Under the Paperwork Reduct	on Act of 1995, no p	Dersons are required to rea	U.S.	Patent and Tr	Approved for use ademark Office;	U.S. DE	07/3	1/2003, ON MENT OF (	IB 06: COMI	(06-03) 51-0032 MERCE
	DECLARATION FOR UTILITY OR			Docket Numi	ber	unless it contains a valid OMB control number				
	ESIGN	LITTOR	First Nam	ned Inventor	BOW	1335-0	048_			
PATENT	APPLICATION	ON	Robert Vincent							
(37 (	(37 CFR 1.63)			COMPLETE IF KNOWN						
11				n Number						
Declaration Submitted OR		ration titled after Initial	Filing Dat	8						
With Initial Filing	Filing	(surcharge	Art Unit		<del></del> -					
T ming	(37 C requi	FR 1.16 (e))	Examiner	Name						
I hereby declare that:  Each inventor's residence, redidence, redidence the inventor(s) name which a patent is sought on the sought of the sought on the sought of the sought on the sought on the sought on the sought on the sou	and helow to be	the end-to-de to a	ae stated i	below next	to their name eject matter v	e. Which is	s dai	med and	for	
METHOD AND APPARAT FROM REFLECTED LIGH	TUS FOR DETI	ECTING PHYCOCY			O ALGAE A	ND B.	ACT	ERIA		
s attached hereto							_			
OR										
was filed on (MM/DDA	~~~								<u> </u>	
,			as Uni	ed States	Application N	lumber	or P	CT Inten	atio	mal
Application Number		and was amended	on (MM/	DDYYYY)				4		-1-1
hereby state that I have revi amended by any amendment	ewed and unde	rstand the contents o	f the abov	  A identified	   Energification	· India	<b>.</b>	(If app	iiica e	20).
amended by any amendment	specifically refe	erred to above.		T ILLONGINGE	Specification	, mau	ung (	ne ciaim	s, as	3
I acknowledge the duty to discontinuation-in-part application and the national or PCT international or PCT international parely claim foreign and international parely claim f	national filing da	te of the continuation	ame avalı Hn-bartaı	abie betwe	en the filing o	date of	the	prior app	olicat	tion
I hereby claim foreign priorit inventor's or plant breeder's country other than the United application for patent, invento before that of the application of	States of Amer	rica, listed below and	have ske	o identified	polication wr	nch de	signa	ated at le	ast	one
Prior Foreign Application	Country	Foreign Filing	Date	Pri	ority	Certi	fied (	Copy Att	ach	ed?
Number(s)	Country	(MM/DD/YY)	m	Not C	laimed	Y	<b>0</b> S		No	
							_			
									$\Box$	
						$\Box \top$			$\Gamma$	
						T	7		Ħ	
Additional foreign applica	tion numbers ar	re listed on a supplen	nental pric	ority data sh	neet PTO/SB	/02B a	ttach	ed heret	<u>⊢</u> o.	

Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Approved for use through 07/31/2003. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Information unless it contains a valid OMB control number.

**DECLARATION** Utility or Design Patent Application

						· , , \	JIICALIOTI	
Direct all correspondence to:	11 Custon	ner Number.	086	98	OR	Com	reported and a second	
Name						Cont	espondence address belov	
Address								
City			Sta	te		<del>-</del> ·	ZIP	
Country					Fax			
I hereby declare that all state and belief are believed to b statements and the like so ma false statements may jeopardia	Ido aro susishal	L1_ L. #			IN SUBSTITUTE WILL	Il stateme the know U.S.C.	ents made on information wedge that willful false 1001 and that such willful	
NAME OF SOLE OR FIRST I	NVENTOR:							
Given Name (first and middle [if any])  Robert				etition has been filed for this unsigned inventor Family Name or Surname Vincent				
Signature Mart	.Vincen	Ţ.				VIIICOIII	Date 315,2004	
Residence: City Bowling Green Mailing Address	State Okio		Country WSA		Citizenship			
125 N. Maple !	57.							
City Bowling Green	State Ohio	)		ZIP L	+3402		Country A	
NAME OF SECOND INVENTO	R:			A	petition has be	en filed fo	or this unsigned inventor	
Given Name (first and middle [if any])					Family Name or Surname	•		
Inventor's Signature						T	Date	
Residence: City	State			Country		Citizen	ship	
Malling Address								
City	State			ZIP		Country		
Additional inventors or a legal rep	resentative are being	named on the	suppleme	obleb	ect(s) PTO/SS/02/		trahad hamta	

[Page 2 of 2]

Please type a plus sign (+) inside this box

+1

Approved for use through 10/31/2002. OMB 0551-0035

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

I Application Number Filing Date First Named Inventor POWER OF ATTORNEY OR Robert Vincent Title **AUTHORIZATION OF AGENT** METHOD AND APPARATUS FOR DETECTING Group Art Unit Examiner Name Attorney Docket Number BOW1335-048 I hereby appoint Q3 Practitioners at Customer Number 08698 չուփափա**վ 1 1 կաս**խասխոփա OR | Practitioner(s) named below: 08698 Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Place Customer Practitioners at Customer Number Number 8ar Code OR Label here Firm or Individual Name Address Address City State Zip Country -Telephone

am the:

Applicant/inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/CR/DE)

	(**************************************
	SIGNATURE of Applicant or Assignee of Record
Name	Robert Vincent
Signature	Robert K. Vincent
Date	Jan. 15,2004
NOTE: Signatures forms if more than or	of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple as signature is required, see below*.
~ 'Total of	forms are submitted.
Burden Mour Shimmone	This form I was a second of the second of th

Fax

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.